



REQUEST FOR PROPOSALS (RFP) #MAL-122019-EMR Connectivity Solutions for 752 PEPFAR Supported MOH Clinics

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF)
NED BANK House, City Centre, P.O. Box 2543, Lilongwe, Malawi

NEW EXTENDED DEADLINE: Friday, 24 January 2020 at 11am (Malawi time)

QUESTIONS & ANSWERS

1) *How long shall the anticipated contract be between your organization and the vendor?*

The anticipated initial contract shall be between one (1) to three (3) years, but we also hope to include an option clause in the initial contract (and agreed upon by the Vendor) that will allow the Foundation to extend the contract for additional years (with a maximum of 5 years in total).

2) *When does your organization want the system/solution up and running?*

We would like the solution up and running as soon as realistically and reasonably possible, but we defer to the Vendors to provide a realistic implementation timeline reflecting its proposed solution in its submission. That being said, we would ideally hope that within three (3) months of contract execution (i.e. April – May 2020), over 50% of the sites will be fully operational.

3) *Will the Vendor or the Foundation be responsible for training of users of the system in the health centres (e.g. doctors, medical assistants, clinicians, nurses, etc.)?*

The scope and core purpose of this bid solicitation is to specifically provide a connectivity solution/system. The Foundation intends to use existing services and processes that are already supporting and implementing in the health facilities. The Vendor's goal is to enable these existing structures to transmit data from the sites to a central server. Moreover, the Vendor shall be responsible for maintaining the required connectivity equipment needed to support its solution. If necessary, the Foundation will be responsible for all other applicable activities, inclusive of end user training or training-of-trainers, of the comprehensive system.

4) *Will EGPAF accept to act as a guarantor for the vendor in terms of financing of the Project considering that the initial investment will be solely for the purpose of this Project?*

This is the expectation, but any deviations from this will be fully discussed agreed-upon by both the Foundation and the Vendor prior to execution of the initial Contract.

5) *During the period of the lease, will EGPAF accept the vendor to use and supply the services of the network to other interested network users (if the capacity of the infrastructure will beyond the demand of the Project)?*

As we are expecting VLAN and Layer 3-connectivity, we can allow a secure virtual pipe across the backbone. The Vendor, in turn, could potentially use the infrastructure for its own purposes. That being said, we would require (and fully expect) for last mile connectivity to be exclusively dedicated to EGPAF.

6) *Is joint venture or partnership between contractors at both local and international level acceptable?*

The Foundation wishes to contract with a single Vendor only, but we do not expressly disallow the Vendor from having third party assignments or subcontracts with other Vendors. If these mechanisms are anticipated, the Foundation must agree to them in writing. Vendors should also be aware that since the Contract will be between the Foundation and the selected Vendor, the Foundation shall have no liability or responsibility should anything arise due to the fault of the third party. The selected Vendor shall be held fully responsible and liable for any activities (including payment to the third party) that result from any third party assignments.

7) *If a technological advancement has emerged at any point throughout the duration of the Contract term, who shall be responsible for the system upgrade (assuming EGPAF expresses interest in the new advancement)?*

During the initial Contract period, the Vendor will be responsible for any necessary upgrades needed to make the system fully operational. If the technological advancement or upgrade exceeds the initial intended scope and the Foundation expresses interest in pursuing those updates, the Foundation and the Vendor can make arrangements to accommodate the technological advancements. At that time, responsibility for the system upgrade will be negotiated and agreed-upon through an amendment to this Contract (and signed by both Parties).

8) *Can you provide us with the GPS coordinates for the sites to be connected? Furthermore, please indicate the bandwidth requirements for each site as well as the type of services you would like the remote sites to access from the central data repository. If possible, please also indicate the number of users per each site.*

The link to the GPS Coordinates are provided as *Q&A ANNEX 1: List of Sites and Bandwidth Estimates*, which can be accessed as a separate document at <http://www.pedaids.org/pages/contracting-opportunities>. We are mainly looking for a carrier backbone service from Bidders that would interconnect all of the identified sites to a central repository (Wide Area Network) **without internet**; therefore, we do not anticipate or expect potential Contractors to charge us per bandwidth limits. Instead, we are expecting a monthly carrier service charge/payment fee being applied in order for the Foundation using/leasing your infrastructure to transmit our data.

9) *What are the coordinates (latitude and longitude points) of: 1) the 725 clinics; and 2) the backbone network PoP (Points of Presence)?*

The link to the GPS Coordinates are provided as *Q&A ANNEX 1: List of Sites and Bandwidth Estimates*, which can be accessed as a separate document at <http://www.pedaids.org/pages/contracting-opportunities>. The backbone network PoP shall be discussed and agreed-upon by all Parties upon implementation.

10) *What are the capacity requirements: 1) Minimum/Maximum throughput required per site/clinic; or 2) Applications that will be run on the network to determine capacity per site?*

As specified on the RFP, we require unfettered access. Essentially, the Vendor will be offering carrier services (i.e. Vendor will use its network infrastructure, Layer 3-connectivity, NO INTERNET) to interconnect sites and transmit Foundation data. EGPAF does not expect the Vendor to either limit us on bandwidth or charge us a *per bandwidth* rate. Instead, the limits will depend on the capacity of the infrastructure used to transmit the data. As for applications that shall run on the network, they would mainly be comprised of low-level data transfer custom services, web services, and might also carry DICOM images from LAB systems.

11) Is this RFP limited to local service providers or can international companies from non-Malawi countries participate? Is there a transformational/economic developmental interest required for non-local suppliers / requirement to collaborate with local partners?

There are no country-specific limitations in this solicitation, nor will preference be provided to local Malawi vendors. The Foundation anticipates issuing a contract to the Vendor who offers the most economically advantageous solution and has the capacity to deploy its proposed solution in a short period of time (regardless of its country of incorporation).

12) If possible to share, how many (of the 752 listed sites/clinics) are new installations vs. currently possess existing infrastructure?

The 752 sites is a combination of facilities in both rural and urban areas, and we expect the vendor to install its own terminating equipment. The selected Vendor shall not depend on existing infrastructure. The Foundation's internal team will tap the network from the terminating points to the site's internal network.

13) Is it possible to share what technology is being used on the already connected sites (and how much bandwidth capacity is being used)?

There is no existing network. The assumption is that the Vendor will establish this new backbone network. In terms of anticipated technology, we are expecting a Layer 3 connection that will allow us to both 1) create our VLANs from across the 752 sites to our termination servers; and 2) transmit data.

14) Are all the 752 clinics connected to some form of electricity

All 752 sites have some form of electricity, but we expect the vendor to provide a backup power solution for the terminating equipment in which the selected Vendor will provide/install (i.e. Core Switch or router).

15) What currency should pricing be quoted in?

We request pricing be quoted in either Malawian Kwacha or in US Dollars. If the Vendor quotes in another currency, please note that pricing on proposals will be evaluated against each other using the Oanda exchange rate as expressed on the following website: <https://www1.oanda.com/currency/converter/>.

16) Given the size of the network to be built deployed with a subscription business model, what will be the duration of the agreement? This will highly impact the price point or the type of technologies to be deployed.

The anticipated initial contract shall be between one (1) to three (3) years, but we also hope to include an option clause in the initial contract (and agreed upon by the Vendor) that will allow the Foundation to extend the contract for additional years (with a maximum of 5 years in total).

17) There are 752 locations to provide internet for, can you tell us the minimum and maximum number of users for each location? What is the average number of users?

As specified on the RFP, we require unfettered access. Essentially, the Vendor will be offering carrier services (i.e. Vendor will use its network infrastructure, Layer 3-connectivity, NO INTERNET) to interconnect sites and transmit Foundation data to a central server; hence, there is no need to consider the number of users. Since the vendor will offer a carrier service, we shall want a Layer 3 connection without limitation to bandwidth.

18) Can we provide satellite internet (VSAT) for all 752 sites?

Apologies for the confusion. We are not looking for Internet connectivity. Instead, the Foundation is looking for a WAN backbone network where we will have secure VLANs passing through the Vendor's infrastructure. If VSAT can provide that, then please feel free to propose this approach (however, from experience, VSAT is mainly for internet provision and contains limitations for both uploads and downloads; this would not be an ideal setup for us).

19) It is stated that by early February 2020, the Foundation hopes to have a contract executed and services to begin. If the winning bidder is not announced until late January 2020, installing and activating all 752 sites would require up to 40 to 50 days. Can you clarify the start date of services?

For clarification, the Foundation intends to sign a contract with the winning Vendor as early as February 2020, but we agree that it would be logistically impossible for all 752 sites to be up and running immediately. Ideally, we hope that within three (3) months of contract execution (i.e. April – May 2020), over 50% of the sites will be fully operational (including both installation and activation).